

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	5/15/2007
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0014084

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home health aide, eight hours a day, five days a week for six weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/20/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home health aide, eight hours a day, five days a week for six weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The employee is a 40-year-old female who reported an injury on 05/15/2007 due to a fall out of a vehicle. The employee underwent lumbar surgery in 04/2008 with reported initial improvement. However, the employee's pain continued in spite of physical therapy, injection therapy, and medication management. Physical findings included tenderness to palpation over the supraspinous ligament at the L3 through the sacrum and tenderness to palpation over the bilateral sacral iliac joints. It was noted that the employee had decreased sensation to the left lower extremity. It was noted that the employee was compliant with a home exercise program and needed assistance with home care services. The employee's diagnoses included status post lumbar fusion at the L5-S1, chronic mid back pain, lumbar radiculopathy, and post intrathecal morphine pump placement in 2012. The employee's treatment plan included hardware removal and participation in the home exercise program.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for home health aide, eight hours a day, five days a week for six weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), 11th edition (WEB 2013), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home Health Services, page 51, which is part of the MTUS.

Rationale for the Decision:

The employee does have continued pain complaints. However, the documentation does not clearly identify how these deficits interfere with the employee's ability to independently perform activities of daily living. California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on at least a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the employee is homebound. **The request for home health aide, eight hours a day, five days a week for six weeks is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.